COMPLIANCE DETERMINATION - UNFILTERED SYSTEMS - MONTHLY REPORT TO DEP

MONT	Ή		TOWN			PWSID	
YEAR		<u></u>	SYSTEM TRE	EATMENT PLAN	T		
Source A.	Cumulativ Fo	or source water	months for which or coliform more	ch results are reponitoring (No. (No. of months)		ns)	
B.	Coliform (Criteria ¹					
	Percentag	e of samples e	w= <u>Fecal</u> w= <u>x=</u> <=20/100 mL fo <=100/100 mL	Total I	Fecal (<=2 = y/w x 10 = z/x x 10	00 =%	<u>00mL)</u>
C.	Turbidity Criteria Maximum turbidity level for reporting (current) month =NTU Enter the month 120 months prior to the reporting month						
		Dates of 5 NTU Exceedances Since Latest Month Recorded Above					
		Beginn	ing Date	Duration (days)	Date Reported	-
Disinfe	ection Crite	ria					
A.	Point-of-Entry Minimum Disinfectant Residual Criteria						
		Days the Residual w Day Duration of Low Level (hr					
		Day	Duration	of Low Level (IIIs	5.)	Date Reported to DEI	
							<u>]</u>
В.	Distribution System Disinfectant Residual Criteria The value of a,b,c,d, and e from Form D.						
	a=, b=, d=, e=						
		V = c+c $a+b$	<u>l+e</u> x 100 =	%			
	For previous month, V =%						
C.	Disinfection Requirement Criteria - Record the date and value of SUM (CTcalc/CT99.9) for any Sum (CTcalc/CT99.9) <1 (from Form C): If none, enter "none"						
	Date SUM(CTo			calc/CT99.9)	Prepared Title Date	d by	
					1		
							_

Notes: The current 6-month cumulatives are required to determine whether compliance with the coliform criteria has been achieved. These totals are calculated from: the previous 6-month cumulatives, the current month's, and totals from the earliest of 6 previous months.

V = VIOLATION

RETURN TO DEP/DWP REGIONAL OFFICE WITHIN 10 DAYS AFTER THE REPORTING MONTH

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